

INSURANCE DIVISION  
STATE OF HAWAII  
P. O. Box 3614  
Honolulu, Hawaii 96811  
Telephone (808) 586-2790

COMPLAINT/INQUIRY FORM

ASSISTANCE IS NEEDED CONCERNING:      ☐ A Complaint      ☐ An Inquiry

PLEASE PRINT OR TYPE:

_____ Your Name	_____ Name of Insurance Company/ Individual Involved
_____ Address	_____ Address
_____ City,      State,      Zip Code	_____ City,      State,      Zip Code
_____ Res./ Bus Telephone Number	_____ Telephone Number

Please indicate policy number and/or claim number, if known: \_\_\_\_\_

STATE THE RELIEF SOUGHT \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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STATE A SUMMARY OF COMPLAINT / INQUIRY:

\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_

[illegible]

NOTICE: A copy of this form may be sent to the insurance company and/or individual involved.

1/05